

CERTIFICATE OF DEATH

STATE FILE NUMBER

DECEASED NAME FIRST FLORENCE		MIDDLE R.		LAST YERKS		SEX F	DATE OF DEATH (Month, Day, Year) 3 MAY 2, 1998
DATE OF BIRTH (Month, Day, Year) October 26, 1915		AGE-Last Birthday 82	UNDER 1 YEAR a. Mos. Days		UNDER 1 DAY b. Hours Mins.		RACE-White, Black, American Indian, Other (Specify) White
COUNTY OF DEATH FAIRFIELD		TOWN OF DEATH GREENWICH		PLACE OF DEATH (Check one) <input type="checkbox"/> ER/outpatient Hospital <input checked="" type="checkbox"/> Greenwich Hospital		OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Residence <input type="checkbox"/> Other	
CITY & STATE OF BIRTH (Country if not U.S.) Greenwich, Ct.		CITIZEN OF 12 USA		MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/>		LAST SPOUSE (If wife, give maiden name) 14 James L. Yerks Jr.	
SOCIAL SECURITY NUMBER 15 080-05-2318		USUAL OCCUPATION (Give kind of work done during most working life, even if retired) 16 Homemaker			KIND OF BUSINESS OR INDUSTRY 17 At Home		
RESIDENCE STATE 18 Connecticut		COUNTY 19 Fairfield	TOWN 20 Greenwich, Ct.		NUMBER AND STREET 21 8 Tremont St.		
WAS DECEASED A VETERAN IF YES GIVE WAR 22 <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		BRANCH OF SERVICE 23		EDUCATION (Specify highest grade completed): Primary/Secondary: 24 12 College: 0-12 1-4 5+			
FATHER - NAME FIRST MIDDLE LAST 25 Charles Tubiac		MOTHER FIRST MIDDLE MAIDEN 26 Anna Unknown					
INFORMANT - NAME 27 James L. Yerks Jr.		MAILING ADDRESS 28 8 Tremont St. Greenwich, Ct. 06807			RELATIONSHIP TO DECEASED 29 Husband		
PART 1. DEATH WAS CAUSED BY (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b) AND (c))						APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
30 IMMEDIATE CAUSE (a) SEPSIS						4 DAYS	
CONDITIONS, IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. (b) PNEUMONICUS VULGARIS						2 mos.	
31 DIABETES MELITUS / HYPERTENSION							
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE						AUTOPSY <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	
32 DIABETES MELITUS / HYPERTENSION						IF YES, Were findings considered in determining cause of death. 33	
NURSE PRONOUNCEMENT TYPE OR PRINT NAME 34		DEGREE 35	SIGNATURE 35		DATE AND TIME PRONOUNCED MONTH DAY YEAR TIME <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.		
CERTIFICATION - PHYSICIAN I attended the deceased from 37		Mo. Day Year 7 1 97	Mo. Day Year 05 2 98	AND LAST SAW HIM/HER ALIVE ON Month Day Year 38 5 12 98		DEATH OCCURRED On the date, and to the best of my knowledge, due to (Time) 39 12:30 P.M. the cause(s) stated	
WAS CASE REFERRED TO MEDICAL EXAMINER 40 <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		SURGERY RELEVANT TO CONDITION REPORTED IN ITEM 30 (Name of Operation) (Date Performed) 41 42		THE DECEDENT WAS PRONOUNCED DEAD: Month Day Year 43 5 2 Year 98 Time 12:30 P.M.			
CERTIFIER - NAME (type or print) 44 DR HERZIG		SIGNATURE 45 S. Herzig M.D.		DEGREE OR TITLE			
MAILING - CERTIFIER 46 8 SINAWAY Rd. COS COS		STREET OR R.F.D. NO. 46		CITY OR TOWN CT 06807		DATE SIGNED (Month, Day, Year) 47 5/3/98	
BURIAL, CREMATION, REMOVAL (Specify) 48 Burial		CEMETERY OR CREMATORY - NAME 49 St. Mary's Cemetery		LOCATION CITY OR TOWN STATE 50 Greenwich, Ct.			
DATE (MONTH, DAY, YEAR) 51 May 5, 1998		FUNERAL HOME - NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 52 Gallagher Funeral Home 31 Arch St. Greenwich, Ct. 06803					
FUNERAL DIRECTOR OR EMBALMER SIGNATURE 53 Mark J. Sileo		NAME OF EMBALMER IF BODY WAS EMBALMED 54 Unembalmed				LICENSE NUMBER 55 2045	
THIS CERTIFICATE RECEIVED FOR RECORD BY MAY - 4 1998		BY Barbara Spuden, Asst. REGISTRAR					

I HEREBY CERTIFY THAT THE FOREGOING IS A TRUE COPY OF THE RECORD ON FILE IN THE GREENWICH TOWN CLERK'S OFFICE; ATTESTED BY THE RAISED SEAL OF THE TOWN OF GREENWICH

Barbara Spuden
 ASSISTANT REGISTRAR

LEGAL FEE: \$5.00

THIS CERTIFICATE NOT VALID WITHOUT SEAL

MAY 4 1998